2004-FOR-PROFIT-CORPORATION ANNUAL REPORT (AR)

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

## Apr 29, 2004 8:00 am Secretary of State DOCUMENT # P94000004036 1. Entity Name 04-29-2004 90282 021 \*\*\*150.00 FIVE STAR PROPERTIES. INC. Mailing Address Principal Place of Business 721 US #1 721 US #1 SUITE 217 N. PALM BEACH FL 33408 SUITE 217 N. PALM BEACH FL 33408 Principal Place of Business 3. Mailing Address 2573 HONEY Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) I)I TF 4. FEI Number Applied For City & State 65-0462351 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HEISER, DUANE C Street Address (P.O. Box Number is Not Acceptable) 721 US #1 **SUITE 217** N. PALM BEACH FL 33408 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Delete TITLE ☐ Change Addition HEISER, DUANE C NAME STREET ADDRESS 721 US 1 STE 217 STREET ADDRESS CITY-ST-ZIP N PALM BEACH FL CITY-ST-ZIP ☐ Delete TITLE Addition RUSSO, FRANK RUSSO, FRANK NAME NAME 901 MAINSAIL CIRCLE 2583 MONACO CIR -STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS FL CITY-ST-ZIP CITY-ST-ZIP JUPITER, FL 33477 Addition TITLE Delete TITLE ☐ Chaone NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change TITLE ☐ Defete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

FILED

☐ Change

☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ANDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete